

Pro Se 2 (Rev. 12/16) Complaint and Request for Injunction

## UNITED STATES DISTRICT COURT

for the  
Eastern District of MassachusettsCivil DivisionFILED  
IN CLERK'S OFFICE  
2021 DEC 27 PM 3:40  
U.S. DISTRICT COURT  
DISTRICT OF MASSACHUSETTSKevin Benner (Pro-Se)

Plaintiff(s)

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

-v-

Case No. \_\_\_\_\_

(to be filled in by the Clerk's Office)

Date: 12/11/21

Superintendent Nelson Alves,  
DHS, Doc Wellpath, Medical Staff,  
Classification, Doc Legal Dept D-Board  
Etc.,...

Defendant(s)

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

## COMPLAINT AND REQUEST FOR INJUNCTION

## I. The Parties to This Complaint

## A. The Plaintiff(s)

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name

Street Address

City and County

State and Zip Code

Telephone Number

E-mail Address

Kevin Benner Pro-Se (W114235)  
2 Clark St PO Box 43  
Norfolk County / Norfolk  
MA, 02056  
\_\_\_\_\_  
\_\_\_\_\_

## B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (if known). Attach additional pages if needed.

Cedar Junction Defendants

①

- ① Nelson Alves
  - ② Sandra Charles
  - ③ Emily Hoffman
  - ④ Sara Thompson
  - ⑤ Wellpath —
  - ⑥ Director of class (MCI Cedar Junction) John Doe
  - ⑦ Director of class (MCI Norfolk) Jamie Casella
  - ⑧ Central Classification  
Director ABBe E. Nelligan
  - ⑨ Disciplinary Board  
(Officer Clancy)
  - ⑩ Vanessa Rattigan
  - ⑪ DR Chidi Achebe
  - ⑫ Department of Corrections —  
(Suite 3) John Doe
  - ⑬ Department of Corrections Legal Dept,  
(RM 213 John Doe)
- Reside At 2 Clark St,  
P.O. Box 43 Norfolk, Ma  
02056
- 16 Chestnut St, Suite 250,  
Foxborough, Ma 02035
- P.O. Box 100  
Swampole, Ma 02071
- 2 Clark St P.O. Box 43  
Norfolk, Ma 02056
- 50 Maple St,  
Milton, Ma 01757
- 2 Clark St P.O. Box 43  
Norfolk, Ma 02056
- 2 Clark St P.O. Box 43  
Norfolk, Ma 02056
- 50 Maple St  
Milton, Ma  
01757

Injunctive Relief Sought

①

① Sandra Charles, Emily Hoffman, Sara Thomson, Vanessa Rattigan, Dr. Chidi Achebe, — A Criminal Complaint for assault & Battery, Negligence, Abuse of power, Termination from DOC Employment. TRO to not be able to treat me (also for the Walpole Medical Staff in Civil Action # CA 12269, if employed at Norfolk)

② Superintendent Nelson Alves, D-Board officer, (Officer Clancy) to Exonerate my D-Board Guilty Decisions And to Award me 6 Months of good time for which is my estimated loss for the Constitutional Violations.

③ Doc, Doc Legal Dept, All 3 Classification Defendants are Court ordered to ReClass me And Remove Code Restrictions And ReClass me to pondville minimum on single cell status in order to receive Adequate Medical treatment.

(2)

Injunctive Relief Sought

Wellpath Medical Services, Court ordered to  
Approve my Adult with Disability act Reasonable  
Accommodation for Single wet/cell, Light or no  
work order, Daily Shower order, And order me  
48 hour notice to fast Before Any Shattuck Hospital  
Transports, or Court or other Transportation Issues.  
(All medications Kop And Excused from all in classroom participation And  
Jooknating only until inmates is fully Diagnosed And treated)

Date: 12-21-21

Kevin Benner pro-se  
W114235  
2 Clark St  
PO Box 43  
Norfolk, MA 02056  
Kevin Benner

Pro Se 2 (Rev. 12/16) Complaint and Request for Injunction

Defendant No. 1

Name  
Job or Title *(if known)*  
Street Address  
City and County  
State and Zip Code  
Telephone Number  
E-mail Address *(if known)*

See attachment (Defendants)

Defendant No. 2

Name  
Job or Title *(if known)*  
Street Address  
City and County  
State and Zip Code  
Telephone Number  
E-mail Address *(if known)*

Defendant No. 3

Name  
Job or Title *(if known)*  
Street Address  
City and County  
State and Zip Code  
Telephone Number  
E-mail Address *(if known)*

Defendant No. 4

Name  
Job or Title *(if known)*  
Street Address  
City and County  
State and Zip Code  
Telephone Number  
E-mail Address *(if known)*

**II. Basis for Jurisdiction**

Federal courts are courts of limited jurisdiction (limited power). Generally, only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case arising under the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one State sues a citizen of another State or nation and the amount at stake is more than \$75,000 is a diversity of citizenship case. In a diversity of citizenship case, no defendant may be a citizen of the same State as any plaintiff.

What is the basis for federal court jurisdiction? (check all that apply)



Federal question



Diversity of citizenship

Fill out the paragraphs in this section that apply to this case.

**A. If the Basis for Jurisdiction Is a Federal Question**

List the specific federal statutes, federal treaties, and/or provisions of the United States Constitution that are at issue in this case.

5th, 8th, 14th Amendment violations, neglect, A&B/Conspiracy, Abuse of Discretion

**B. If the Basis for Jurisdiction Is Diversity of Citizenship****1. The Plaintiff(s)****a. If the plaintiff is an individual**

The plaintiff, (name) Kevin Benner pro se, is a citizen of the State of (name) Massachusetts.

**b. If the plaintiff is a corporation**

The plaintiff, (name) \_\_\_\_\_, is incorporated under the laws of the State of (name) \_\_\_\_\_, and has its principal place of business in the State of (name) \_\_\_\_\_.

(If more than one plaintiff is named in the complaint, attach an additional page providing the same information for each additional plaintiff.)

**2. The Defendant(s)****a. If the defendant is an individual**

The defendant, (name) Nelson Alves et al, is a citizen of the State of (name) Massachusetts. Or is a citizen of (foreign nation) \_\_\_\_\_.

## b. If the defendant is a corporation

The defendant, (name) \_\_\_\_\_, is incorporated under the laws of the State of (name) \_\_\_\_\_, and has its principal place of business in the State of (name) \_\_\_\_\_.

Or is incorporated under the laws of (foreign nation) \_\_\_\_\_, and has its principal place of business in (name) \_\_\_\_\_.

(If more than one defendant is named in the complaint, attach an additional page providing the same information for each additional defendant.)

## 3. The Amount in Controversy

The amount in controversy—the amount the plaintiff claims the defendant owes or the amount at stake—is more than \$75,000, not counting interest and costs of court, because (explain):

Damages will be for pain & suffering (future medical bills and loss of wages and attorney fees)

## III. Statement of Claim

Write a short and plain statement of the claim. Do not make legal arguments. State as briefly as possible the facts showing that each plaintiff is entitled to the injunction or other relief sought. State how each defendant was involved and what each defendant did that caused the plaintiff harm or violated the plaintiff's rights, including the dates and places of that involvement or conduct. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

## A. Where did the events giving rise to your claim(s) occur?

These specific events occurred while incarcerated at MCI Norfolk.

## B. What date and approximate time did the events giving rise to your claim(s) occur?

Booking Date of 3-16-21 until present from my IS 12/11/21 (at this time)





C. What are the facts underlying your claim(s)? (For example: What happened to you? Who did what? Was anyone else involved? Who else saw what happened?)

INJURIES Due to MISDIAGNOSES, Deliberate Indifference, ABUSE of Discretion, Cruel and Unusual Punishment, Constitutional Rights Violations, Defamation, Slander, Assault and Battery, Negligence etc By the Medical, D-Board, Classification Depts, Correctional Officers And Many Medical Staff were Involved And Also Saw this Happening

#### IV. Irreparable Injury

Explain why monetary damages at a later time would not adequately compensate you for the injuries you sustained, are sustaining, or will sustain as a result of the events described above, or why such compensation could not be measured.

In addition to the Monetary Damages I Seek I would ALSO Seek Criminal Negligence, Assault & Battery, Abuse of Discretion Charges, ASKING for Placement in Shattuck Medical Ward for Proper Immediate diagnoses, Complaints to State Licensing & Medical Board, In State All good time off my Sentence that WAS Lost Due to these Violations.

#### V. Relief

State briefly and precisely what damages or other relief the plaintiff asks the court to order. Do not make legal arguments. Include any basis for claiming that the wrongs alleged are continuing at the present time. Include the amounts of any actual damages claimed for the acts alleged and the basis for these amounts. Include any punitive or exemplary damages claimed, the amounts, and the reasons you claim you are entitled to actual or punitive money damages.

Will ASK for punitive & Compensatory Damages in Civil Complaint, goodtime, Complaints to Medical License Board (See Above) T.R.O to Be Placed to Be Immediately transferred To The Shattuck Medical Ward for treatment & Diagnosis these ISSUES Are Still Happening At this time & Date (Please See Damages for Actual Amounts in Civil Complaint filed With this Injunction Request.) Reasons Will Be Attorney fees, future Lost wages, (future & present mind suffering) future medical expenses (Any Administrative Remedies) T.R.O ON Defendants etc...

**VI. Certification and Closing**

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

**A. For Parties Without an Attorney**

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing:

12/11/20

Signature of Plaintiff

Printed Name of Plaintiff

Kevin Benner pro-se  
 Kevin Benner pro-se  
 #W114235

**B. For Attorneys**

Date of signing: \_\_\_\_\_

Signature of Attorney \_\_\_\_\_

Printed Name of Attorney \_\_\_\_\_

Bar Number \_\_\_\_\_

Name of Law Firm \_\_\_\_\_

Street Address \_\_\_\_\_

State and Zip Code \_\_\_\_\_

Telephone Number \_\_\_\_\_

E-mail Address \_\_\_\_\_